



CONTRACTOR/VENDOR EMS ASSESSMENT

Contractor/Vendor Name:
Performance Period:
Describe Activity: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Regulated by: <input type="checkbox"/> unregulated <input type="checkbox"/> L.E.A. <input type="checkbox"/> R.W.Q.C.B. <input type="checkbox"/> A.P.C.D. <input type="checkbox"/> Other_____
Comments:
Describe Significant Aspects/Impacts (water use, emissions, haz mat, etc.)
Contractor/Vendor EMS Brief required? <input type="checkbox"/> Yes <input type="checkbox"/> Not Required Date Completed: _____ Competency Verified: <input type="checkbox"/> Education <input type="checkbox"/> Training <input type="checkbox"/> Experience

Name of Person Completing Form: _____

Title: _____

Signature: _____

Return to EMR at MS 1103A